

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)

109510437

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		3				
5		3				
6		6				
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16		6				
17		6				
18		6				
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21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27		6				
28		6				
29		6				
30		6				
31		6				
32	1					
33		1				
34		1				
35	1					
36		1				
37		1				
38		3				
39		3				
40		6				
41		6				
42		6				
43		6				
44		6				
45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
61		1				
62		3				
63		3				
64		6				
65		6				
66		1				
67						
68						
69						
70						
71						
72						
73						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4		3			
TOTAL DEP.	59		30			
TOTAL CLAIMS	63		33			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS